

Chapter 4: Program Monitoring Evaluations

This chapter is a step-by-step description of a program monitoring evaluation. Program monitoring (also referred to as process evaluation) is the systematic documentation of key aspects of a program's performance that indicate whether it is functioning as intended and according to appropriate standards. (This resource uses the National Children's Alliance standards for membership as the standard.)

"To find out if the center is truly child friendly and less traumatic to children, we have to ask children."

The primary purpose of a program monitoring evaluation (PME) is to determine the degree of discrepancy between the program as intended and as implemented. The evaluation describes how a program is operating and assesses how well it is performing its intended functions (Rossi, Freeman, and Lipsey 1999).

Program monitoring information may be based on surveys completed by staff at the Child Advocacy Center (CAC), the families served by the center, and the multidisciplinary team (MDT) members. These surveys describe the MDT's perceptions of the center's performance. This information will allow comparison between the staff's perceptions of what the agency is doing (and how well it is doing it) and the perceptions held by the CAC clients (families, the MDT).

Ideally, the families' or the MDT's perceptions of the CAC program and procedures will corroborate the staff's perceptions. If only the CAC staff complete the questionnaires, the results will yield some evidence of the program's strengths and weaknesses, but it will not be as strong or compelling as when there is corroborating evidence.

A PME includes these steps:

1. Define each kind of service available to clients. Among CACs, some services are standardized; for example, most CACs have a child interview component. However, each component has variations, for example: How much information does an interviewer have before conducting the child interview? Who conducts the child interview (someone on staff, police, Child Protective Services [CPS])? Therefore, describe in detail what a child interview entails.
2. Identify important events.
3. Indicate what should happen at each step. A flowchart of program activities, such as that shown in exhibit 4.1, can help identify important events and what should happen at each step.
4. Stipulate the desired achievement level. Define standards for success based on experience, performance of comparable programs, and professional judgment.

5. Specify the actual services provided. There may be some discrepancy between the services the agency intends to provide and the services actually provided. Implementation failure can occur in three ways: (1) no services are delivered, (2) the wrong services are delivered, or (3) the services delivered are not standardized (Rossi, Freeman, and Lipsey 1999).

To determine the services provided to clients, consider using a form like the one shown in exhibit 4.2. List the activities in the far left column and specify the purpose of the activity. Each CAC employee should record the duration of each activity for each client.

6. Determine whether the agency is in legal, ethical, and regulatory compliance. Consult each State's statutes and policies.
7. Determine whether the agency meets the standards for all programs by comparing the actual performance with the defined standards.
8. Assess deviations from the ideal program. Discuss why they occurred and how they affect the center's goals.

Appendix C contains sample PME measures for six components and sample satisfaction evaluations for three audiences (parents and child clients, the MDT, and staff). The first sample evaluation ("Child-Friendly Facility Program Monitoring Evaluation") outlines all the considerations for a PME:

- The purpose of the evaluation.
- Participant recruitment.
- The number of participants needed.
- Participant eligibility.
- A recruitment script.

- When and where to recruit participants.
- Instruments to be administered.
- Who should administer instruments.
- When and how often to administer instruments.
- Where to administer instruments.

The remaining PMEs provide only information that is unique to that type of evaluation:

- Program monitoring evaluations (child-friendly facility, child interview, medical examination, mental health services, victim advocacy, and case review).
- Client satisfaction evaluations (MDT, staff, parent, and child satisfaction).

The corresponding measures can be found in appendix C.

Child-Friendly Facility Program Monitoring Evaluation

Purpose

The child-friendly facility component of a PME determines whether the agency meets the standards for a child-friendly facility. Do not hesitate to involve families in an evaluation of the program. CAC directors who have involved families in evaluations report that families have been very cooperative.

Participants

Number of participants needed. Rather than specifying a certain number of participants required for this evaluation, it is better to recruit all eligible individuals during a specified period of time (e.g., 6 months, every other month for 1 year, or some other timeframe) or randomly

“We asked nonabused kids questions about our center. We conducted focus groups with junior high students.”

select participants (e.g., select every fifth person referred to the CAC). Ensure that the staff are consistent and thorough in recruiting participants.

Participant eligibility. Eligibility to participate in the evaluation will depend on the type of PME. Selecting eligibility criteria will help focus recruitment efforts. For a child-friendly facility PME, potential participants include CAC staff, the MDT, parents, and children.

CAC staff. During the planning stages, alert staff of their evaluation responsibilities and obtain their consent to participate and their commitment to the evaluation. To avoid staff bias in completing questionnaires, give them complete independence and anonymity, without fear of retribution. This is obviously more difficult in smaller centers. Select staff who have consistent access to the facility, are paid employees of the CAC, and are knowledgeable about the CAC’s child-friendly environment.

Multidisciplinary team members. The MDT has considerable exposure to the center; therefore, team members will be qualified to comment on the child-friendliness of the center. Invite those MDT members who have regular contact with the CAC to participate.

Parents or guardians. Centers are designed with parents in mind, as well as children. Therefore, invite nonoffending parents to participate.

Children seen at the CAC. Centers are designed for children; therefore, invite them to evaluate the child-friendliness of

the center. Most directors (95 percent) report that they are willing to ask children questions about the center. Invite children who are under age 18, referred to the center for a child sexual abuse (CSA) investigation,¹ and reside within the CAC’s jurisdiction.² Parental consent will need to be obtained for children to participate in the evaluation.

Community children. Consider inviting children from a local school to assess the center. Most directors believe that children will be honest in their appraisals and their feedback will be invaluable. Parental consent will need to be obtained for children to participate in the evaluation.

Participant recruiter. Someone will need to be in charge of inviting people to participate in the evaluation (i.e., recruitment). Decide during the planning stages who will invite individuals to participate and explain the study to them.

Recruitment script. Create a recruitment script to ensure that all recruitment efforts are similar. Think about what information individuals will need in order to make an informed decision about whether to participate (see “Confidentiality,” chapter 7). This is a sample script:

I understand what a difficult time this is, but we are hoping to improve our services for families like yours who visit our center. I have a questionnaire asking about your thoughts about our center that I would like you fill out [or “I have a few questions I’d like to ask you about our center”]. It will take you XX minutes and would be very helpful to us and to families like yours. Would you be willing to help us out?

Recruitment timing. When to recruit participants will depend on who the participants are.

CAC staff and the MDT. Introduce the idea of an evaluation and obtain the full cooperation of the staff and the MDT before beginning the evaluation, preferably during the planning phase.

Parents or guardians and children. Introduce the idea of participating in the evaluation when telling parents and children what to expect while at the center. Although they will complete the questionnaire at a later time, they will need some time to decide whether they are willing to participate. Never place families in an uncomfortable position by asking them to make an immediate decision.

Where to recruit participants. Where to recruit participants will depend on who the participants are.

CAC staff. CAC staff could be recruited at staff meetings, where everyone is together and the issues associated with an evaluation can be thoroughly discussed.

MDT. The most effective and efficient place to recruit the MDT is at case review, where most members are present.

Parents or guardians and children. Recruit parents and children in the waiting room or where the initial parent interview takes place.

Administering instruments

Instruments to be administered. Staff, the MDT, parents, and children may complete four comparable instruments to measure perceptions of the child-friendly facility. Instruments are located in appendix C.

Staff can complete the—

- Child-Friendly Facility: General Program Monitoring Questionnaire—Staff Form.
- Child-Friendly Facility: Specific Program Monitoring Questionnaire—Staff Form.

- Home Observation for the Measurement of the Environment (HOME).

MDT members can complete the—

- Child-Friendly Facility: General Program Monitoring Questionnaire—Multidisciplinary Team Form.
- Child-Friendly Facility: Specific Program Monitoring Questionnaire—Multidisciplinary Team Form.

Parents and guardians can complete the Child-Friendly Facility: General Program Monitoring Questionnaire—Parent Form.

Children can complete the Child-Friendly Facility: General Program Monitoring Questionnaire—Youth Form (modify this questionnaire to suit the age of the child).

Administration of instruments. Staff may administer the questionnaires to themselves. Someone else (e.g., the data collector) should be responsible for ensuring that staff members complete the questionnaires. Someone neutral (preferably not a CAC staff person or an MDT member) should administer the questionnaire to the MDT. Someone who does not work directly with the family should administer the questionnaires to parents or guardians and children.

How often and when to administer instruments. Typically, there will be a period of time during which the evaluation is taking place (e.g., a 5-month period). It is necessary to collect data from respondents only once because the evaluation is not designed to measure perceptions of the child-friendly facility over time. Parents, guardians, and children should complete the questionnaire after they have become comfortable with the center. For most families, this will be just before they leave the center; for parents it may be during the child interview. Staff and MDT members should complete the questionnaire at approximately the same

time, for example, near the end of the evaluation.

Location for administering instruments. Staff can complete the questionnaire anywhere at the CAC. The MDT can complete the questionnaire at a case review meeting. They may take it with them if they promise to return it promptly. Most centers have a waiting room where clients complete paperwork and wait for their child while the child is being interviewed. If the center typically sees one family at a time, it would be appropriate to have families complete the questionnaires in the waiting room, even if the questionnaire has to be read or interpreted for the family. If the center typically has many families in the waiting area, it still may be appropriate for them to complete the questionnaire in the waiting room if parents are able to read the questionnaire themselves.

If many families are in the waiting room and the questionnaire needs to be read to a family, it would be preferable to find a quiet, private location. However, some centers do not have that kind of available space. If someone needs to read the questionnaire to a parent, the parent can maintain privacy by writing answers on his or her copy of the questionnaire.

Child Investigative Interview Program Monitoring Evaluation

Purpose

The child investigative interview component of the PME determines whether the agency is meeting the standards for a child interview. Every CAC follows different procedures for conducting these interviews. Therefore, the first step should be to outline the procedures the center uses for a child interview.

Participants

Participant eligibility. Potential participants in this evaluation include child interviewers, children participating in a child interview, parents, and the MDT members who observe the interview (provided they observed the interview or participated in the preinterview conference and postconference planning of the interview). Because the child investigative interview ultimately is for the MDT members, as well as for the child, the MDT should participate in the evaluation of the child investigative interview program.

CAC child interviewers. Some centers have a number of child interviewers, other centers have just one, and still others have child interviewers from law enforcement and CPS. Select individuals who interview children at the center regarding CSA allegations.

Children. To obtain the perceptions of the children being interviewed, select children who are under age 18, were referred to the center for a CSA investigation, and reside within the CAC's jurisdiction. Parental consent will need to be obtained for children to participate in the evaluation.

Parents or guardians. Parents may be less informed about the child interview because they were not present. Nonetheless, they may be able to provide some perspective based on information they receive about the child interview or their perception of the child's anxiety surrounding the interview. Select nonoffending parents or guardians whose children were interviewed at the CAC for allegations of CSA.

When to recruit. When to recruit participants will depend on who the participants are.

CAC child interviewers. Child interviewers should be made aware of the evaluation during the planning phase of the evaluation.

Parents or guardians and children. The permission of parents or guardians to recruit children for the evaluation is needed. Depending on the age of the child, you might recruit parents and children together. Tell parents and children about the evaluation soon after they arrive at the center, even though they will not complete any questionnaires until later in their visit. This will give parents and children an opportunity to think about whether they want to participate.

MDT. The optimal time to recruit the MDT is during the case review meeting when all the MDT members are gathered together.

Administering instruments

Instruments to be administered. Five instruments that measure the perceptions of the child's interview are located in appendix C.

Child interviewers can complete the—

- Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form.
- Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form—Short Form.

Parents and guardians can complete the Child Investigative Interview Program Monitoring Questionnaire—Parent Form.

Children can complete the Child Investigative Interview Program Monitoring Questionnaire—Youth Form.

MDT members can complete the Child Investigative Interview Program Monitoring Questionnaire—Multidisciplinary Team Form.

Administration of instruments. The child interviewers can complete their own form. To maintain the child interviewer's

distinct role, that person should not question the child or the parent about the interview process. However, the administrator of the questionnaire should be familiar with the child and parent(s). For the MDT, someone other than the child interviewer should administer the questionnaire to the MDT.

How often and when to administer instruments. This information is collected only one time, immediately following the child interview. Child interviewers should complete a questionnaire following each child interview. Children and parents can complete the questionnaire sometime between finishing the child interview and leaving the center. The MDT should complete a questionnaire after each interview for a specified period of time (e.g., 6 months), depending on the purpose of the evaluation. Another sampling strategy is to have the MDT complete a questionnaire after every fifth interview, again over a specified period of time.

Location for administering the instruments. Child interviewers can complete the questionnaire in their office. Parents can complete the questionnaires in the waiting room or in a private room, if one is available. Do not administer the questionnaire to children (or ask children questions about their experience) in the interview room, even if they are being questioned immediately after the interview. Take children to a neutral location where privacy is ensured to administer the questionnaire. To maintain children's confidentiality, do not question them about the interview process or the interviewer in the presence of their parents. Preferably, the MDT will complete the questionnaire at the CAC just following the child investigative interview. Therefore, the questionnaire can be completed by the MDT in the observation room or some other private room at the CAC.

Other types of child investigative interview program monitoring evaluations

Peer review of videotaped interviews.

Several centers conduct peer review of videotaped child interviews. This method gives interviewers feedback on their interviewing skills, so they can continually improve those skills.

Child interviewer rating scale. Bernie Newman of the Department of Sociology at Tufts University is developing a rating scale to evaluate the interviewer. Contact Chris Kirchner at the Philadelphia CAC for more information; 4000 Chestnut Street, Second Floor, Philadelphia, PA 19104, 215-387-9500.

Medical Examination Program Monitoring Evaluation

Purpose

The medical examination component of a PME determines whether the CAC is meeting the standards for conducting a medical examination.

Participants

Participant eligibility. Potential participants in the medical examination portion of the PME include health care providers, CAC staff, children, and parents.

Health care providers. Select health care providers who conduct CSA medical examinations for the CAC, either onsite or offsite.

CAC staff. Recruit staff who deal with the medical examination in some capacity.

Children. To obtain the perceptions of children receiving a medical examination, select children who underwent a medical examination for CSA either onsite or offsite, are under age 18, were referred to the center for a CSA investigation, and reside within the CAC's jurisdiction. Parental consent will need to be obtained for children to participate in the evaluation.

Parents or guardians. To include parents of children receiving a CSA medical examination, select nonoffending parents whose child has received an examination.

When to recruit participants. When to recruit participants will depend on who the participants are.

Health care providers. Recruit health care providers during the planning stages of the evaluation. Include them in designing the evaluation to encourage their ownership of the evaluation.

CAC staff. Recruit staff during the planning stages of the evaluation.

Parents or guardians and children. Most centers conduct the child interview on one day and schedule the medical examination for another day. Inform parents of the evaluation during the initial meeting at the center, even though they will be completing the instrument on another day. This gives parents time to think about whether they want to participate. If possible, hand the parents a card that describes the evaluation. Remember to obtain parental consent for children to participate in the evaluation. (A few centers conduct the medical examination before the interview, and still other centers provide both services on the same day. A different recruitment method will be needed for these centers.)

Recruitment script. Recruitment scripts should be tailored to meet the concerns of each category of participant.

Health care providers. Acknowledge that this evaluation may be burdensome for them and that coordination may be an issue. Emphasize the importance of the evaluation.

CAC staff. Emphasize the benefits gained from an evaluation while acknowledging the added burden of an evaluation.

Parents or guardians and children. Before writing a recruitment script for parents and children, think about what information parents and children will need to make an informed decision about participating in the evaluation. Consider describing the evaluation to the parents, informing them that they will not be completing the questionnaire until after the medical examination, whenever it is scheduled.

Administering instruments

Instruments to be administered.

Instruments to measure the perceptions of the medical examination procedures are located in appendix C.

Health care providers can complete the—

- Medical Examination Program Monitoring Questionnaire—Health Care Providers Form.
- Factors Associated With Reduced Stress Associated With a Medical Examination—Health Care Providers Form.

CAC staff can complete the Quality Assurance for Medical Examination Chart Review—CAC Staff Form.

Parents and guardians can complete the Medical Examination Program Monitoring Questionnaire—Parent Form.

Children can complete the Medical Examination Program Monitoring Questionnaire—Youth Form.

Administration of instruments. Responsibility for administering the questionnaire will depend on the participants.

Health care providers. Health care providers can complete their own questionnaire. Whoever is in charge of data collection will need to be vigilant in collecting the information from both onsite and offsite health care providers.

CAC staff. Staff can complete their own forms.

Parents or guardians and children. Medical personnel should not administer the medical examination component of the program monitoring questionnaire to parents or children. The administrator should be someone who is familiar with the parents and children.

How often and when to administer instruments.

Each participant in the CSA medical examination should complete a questionnaire following the examination, as follows:

Health care providers. Health care providers should complete the questionnaire after conducting each CSA medical examination. Adopt procedures to ensure that the questionnaires are kept anonymous.

CAC staff. Staff should complete the questionnaire after conducting each CSA medical examination in which they are involved.

Parents or guardians and children. Parents and children can complete the questionnaire after the child's medical examination, whether the examination is onsite or offsite.

Location for administering the instruments. Where the questionnaire is

administered will depend on who the participants are and where the medical examination is conducted.

Health care providers. Health care providers can complete the questionnaire in their office.

CAC staff. Staff can complete the questionnaire in their office at the CAC.

Children. Some centers conduct medical examinations onsite, while other centers make referrals for medical examinations offsite. If families are referred to another location for a medical examination, make arrangements for children to complete the questionnaire at the remote location. Be sure children complete the questionnaire in a location other than the medical examination room, preferably in the absence of their parents.

Parents or guardians. If medical examinations are conducted at the center, parents can complete the questionnaire in the waiting room or in the medical examination room after the child has left the room. If families are referred to another location for a medical examination, make arrangements for parents to complete the questionnaire at the remote location. Parents should not complete the questionnaire while their children are present.

Second opinion software

Several centers use peer review for medical examinations. Some centers have software that allows physicians to send film containing medical results over the Internet so that other physicians can provide a second opinion. Others show the medical data to colleagues who provide a second opinion in person. However, physicians have noted that it is possible for the opinions of people who are doing these exams in one region to become meshed. Therefore, they suggest establishing interrater reliability by seeking

review from physicians from other parts of the country.

Mental Health Services Program Monitoring Evaluation

Purpose

A mental health services PME determines whether the CAC is meeting the standards for providing mental health services or referring children and families to mental health services.

Participants

Participant eligibility. Potential participants for the mental health services portion of the PME include mental health professionals, children, and parents.

Mental health professionals. Invite those mental health professionals who provide therapy either onsite or offsite to CSA victims referred to the CAC to participate in the evaluation.

Children. To obtain the perceptions of children receiving mental health services, invite children who are receiving therapy for CSA, are under age 18, were referred to the center for CSA, and reside within the CAC's jurisdiction. Parental consent will need to be obtained for children to participate in the evaluation.

Parents or guardians. Invite parents who received a referral for their child's therapy from the CAC, have a child under age 18 referred to the center for allegations of CSA, are the nonoffending parent, and reside within the CAC's jurisdiction.

When to recruit participants. When to recruit participants will depend on who the participants are.

Mental health professionals. Arrange for mental health professionals to participate in the evaluation during the planning phase of your evaluation. Working with offsite therapists will require much coordination. Involve mental health professionals as early and as much as possible in the planning of the evaluation.

Parents or guardians and children. Whether the center provides onsite or offsite therapy, recruit parents and children while they are at the center, even though they will complete questionnaires at a later time. If possible, hand them a card they can take with them describing the evaluation. If mental health services are provided onsite, ask parents to think about the evaluation. When their child returns for the first therapy session, they can decide whether to participate in the evaluation. If mental health services are provided offsite, inform parents that they will be asked to participate when they arrive for their first therapy session.

Administering instruments

Instruments to be administered. Four instruments that measure individuals' perceptions of the mental health services are located in appendix C.

Mental health professionals can complete the—

- Mental Health Services Program Monitoring Questionnaire—Therapist Form.
- Therapeutic Intervention Program Monitoring Questionnaire—Therapist Form.

Parents and guardians can complete the Mental Health Services Program Monitoring Questionnaire—Parent Form.

Children can complete the Mental Health Services Program Monitoring Questionnaire—Youth Form.

Administration of instruments. Responsibility for administering the questionnaire will depend on who the participants are.

Mental health professionals. The mental health professionals can administer the questionnaires to themselves. The person responsible for data collection may have responsibility for collecting questions from mental health professionals.

Parents or guardians and children. Who administers the questionnaires to parents will depend on where therapy is taking place. If the services are onsite, someone at the center who is familiar with the family can administer the questionnaires to parents and children. It is more difficult to arrange the evaluation when services are provided offsite. Several CACs have arranged to have someone at the remote location administer the questionnaires. To maintain the therapist's distinct role, mental health professionals should not question parents and children about mental health services.

Location for administering instruments. Where the questionnaire is administered will depend on who the participants are.

Mental health professionals. Mental health professionals can complete the questionnaire in their office.

Parents or guardians and children. Parents and children can complete questionnaires in the waiting room where the services are being delivered, either onsite or offsite.

Other mental health services program monitoring evaluations

To track whether children are still in therapy, therapists can complete a monthly form noting which children referred from the center are still attending and their attendance record, which children have quit therapy prematurely, and which have completed therapy.

Victim Advocacy Program Monitoring Evaluation

Purpose

A victim advocacy PME determines whether the center is meeting the standards for providing victim advocacy services to parents and children referred to the center.

Participants

Participant eligibility. Potential participants for a victim advocacy PME include victim advocates, parents, and children.

Victim advocates. The eligibility of victim advocates depends on what model the CAC has adopted.

- *Onsite CAC victim advocate.* All victim advocates who provide services for families at the center are eligible to participate in the evaluation.
- *Offsite victim advocate.* If the victim advocates are located in another agency (e.g., prosecutor's office) but are involved in the center, include these individuals in the evaluation. However, if the victim advocates provide completely distinct services that do not directly affect the center, they may be excluded from the evaluation.
- *Onsite victim advocate and offsite victim advocate.* Some centers have both onsite and offsite victim advocates. Again, if the offsite victim advocates are involved in the center, include these individuals in the evaluation.

Parents or guardians. Include parents receiving services from a victim advocate. Select nonoffending parents whose child is under age 18 and was referred to the CAC for a CSA investigation.

Children. Whether it is appropriate to invite children to participate in the evaluation will depend on the center's

procedures. If children participate, parental consent will need to be obtained. Include children who receive services from a victim advocate (or a child advocate), are under age 18, were referred for CSA, and reside within the CAC's jurisdiction.

When to recruit participants. When to recruit participants will depend on who the participants are and on when and where the victim advocate provides services to victims of CSA and their families.

Victim advocates. Obtain the commitment of the victim advocates to participate in the planning phase of the evaluation.

Parents or guardians and children. If the victim advocate provides services to parents and children only while the families are at the center, have parents and children complete the questionnaire while at the center. Invite parents and children to participate during the initial parent interview. If the victim advocate provides services throughout the process, invite parents and children to participate at some point during their initial visit to the center. If possible, hand them a card to take with them describing the evaluation and tell families they will be contacted at a later time about their participation. If the victim advocate provides services to families only after a decision to proceed to court, recruit families before they leave the center.

Administering instruments

Instruments to be administered. Three instruments that measure perceptions of the victim advocate's services are included in appendix C.

Victim advocates can complete the Victim Advocacy Program Monitoring Questionnaire—Victim Advocate Form.

Parents and guardians can complete the Victim Advocacy Program Monitoring Questionnaire—Parent Form.

Children can complete the Victim Advocacy Program Monitoring Questionnaire—Youth Form.

Administration of instruments. In assigning responsibility for administering the questionnaire, the victim advocate's role must be kept separate from the evaluation process.

Victim advocates. Victim advocates can complete their own questionnaire.

Parents or guardians and children. To maintain the victim advocate's distinct role in providing referral services and assistance through the court process to parents and children, the victim advocate should not administer the questionnaire to parents and children.

How often and when to administer instruments. Victim advocates, parents, and children should complete questionnaires as follows:

Victim advocates. Each victim advocate should complete a questionnaire after the family's first visit. If victim advocates have ongoing contact with families, then the victim advocate can complete a questionnaire after each subsequent contact or at periodic intervals.

Parents or guardians and children. If victim advocates provide one-time services, parents and children should complete the questionnaire during their first visit to the CAC, preferably just before leaving the center.

If victim advocates provide ongoing services, parents and children should complete the questionnaire during their first visit to the CAC and at specified periods thereafter (e.g., once a month, every other month). Base the frequency of these questionnaires on the center's average length of contact with families.

Location for administering instruments. Where the questionnaire is administered will depend on who the participants are.

Victim advocates. Victim advocates can complete the questionnaire in their office.

Parents or guardians and children. Where parents and children complete questionnaires will depend on the center's procedures. As a rule, however, parents and children can complete the questionnaire in the waiting room. For followup data collection, families may need to answer questions over the telephone.

Case Review Program Monitoring Evaluation

Purpose

The case review component of a PME determines whether the CAC is meeting the standards for case review.

Participants

Participant eligibility. Potential participants in the case review portion of the PME include agency representatives and CAC staff.

Representatives from affiliated agencies. Recruit representatives from each of the agencies affiliated with the CAC that attend case review meetings.

CAC staff. Recruit staff who attend case review meetings.

When to recruit participants. When to recruit participants will depend on who the participants are.

Representatives from affiliated agencies. Recruit MDT members during the planning stages of the evaluation. Include

them in designing the evaluation to encourage their ownership of the evaluation.

CAC staff. Recruit staff during the planning stages of the evaluation to ensure their buy-in and draw upon their expertise.

Recruitment script. Recruitment scripts should be tailored to meet the concerns of each category of participant.

Representatives from affiliated agencies. Acknowledge that this evaluation may be burdensome for them and that coordination may be an issue. Emphasize the importance of the evaluation.

CAC staff. Emphasize the benefits gained from an evaluation while acknowledging the added burden of an evaluation.

Administering instruments

Instruments to be administered.

Instruments to measure the perceptions of the case review meetings and procedures are located in appendix C.

Representatives from affiliated agencies can complete the—

- Case Review Program Monitoring Questionnaire—A
- Case Review Program Monitoring Questionnaire—B
- Case Review Meetings and Procedures Questionnaires

CAC staff can complete the—

- Case Review Program Monitoring Questionnaire—A
- Case Review Program Monitoring Questionnaire—B
- Case Review Meetings and Procedures Questionnaires

Administration of instruments. The person who administers and collects the questionnaires should be a neutral and trusted individual.

Representatives from affiliated agencies. An individual who does not regularly attend case review should administer the questionnaires to the MDT members to maintain neutrality.

CAC staff. An individual who does not regularly attend case review should administer the questionnaires to the staff to maintain neutrality.

How often and when to administer instruments. Each participant in the case review component of a PME should complete the questionnaires as follows:

Representatives from affiliated agencies. MDT members initially should complete the questionnaire one time, evaluate the results, and determine how often thereafter to administer the questionnaire (e.g., quarterly, yearly). The purpose at this point is to get a snapshot of how the case review meetings and procedures are working.

CAC staff. Staff should complete the questionnaire on the same schedule as the MDT members.

Location for administering the instruments. Where the questionnaire is administered will depend on who the participants are.

Representatives from affiliated agencies. It is optimal for MDT members to complete the questionnaire at some point during the case review meeting when everyone is present. However, some members may prefer to complete the questionnaire in a private location. If this is the case, make firm arrangements for

the MDT members to return the questionnaire (e.g., at the following case review meeting).

CAC Staff. Staff can complete the questionnaire at the same location as the MDT members or in their office at the CAC.

Parent Satisfaction Program Monitoring Evaluation

Purpose

Although it is important to know whether the CAC is providing particular services to clients (i.e., through a program monitoring evaluation), their level of satisfaction with those services also matters. An easy way to link program services with outcomes is to use client satisfaction questionnaires, which are among the most common form of evaluation used by CAC directors.

Participants

Participant eligibility. Although centers are developed with children in mind, children and parents cannot be separated. Therefore, it will be important to obtain the perceptions of nonoffending parents (or guardians) who have a child under age 18 referred to the center for a CSA investigation and reside within the CAC's jurisdiction.

When to recruit participants. Recruit parents during their initial parent interview at the center, although parents will actually complete the questionnaire at some other time. This gives parents time to think about whether they want to participate in the evaluation and to experience the center before they comment on their satisfaction with it.

Recruitment script. Make the same recruitment speech to all potential participants, perhaps adapting the following sample script:

I understand what a difficult time this is, but we want to be sure that we are doing the best possible job at the center. We have a survey that we would appreciate you filling out for us. We believe that this information will help us better serve families like yours. The survey will probably take you 10 minutes to fill out. Your help will be very much appreciated. We encourage you to provide negative comments if that is how you feel. We want to turn those negative comments into positive changes. This information will help us improve our services to families and receive funding for the program so we can continue to operate. Would you be willing to help us?

Administering instruments

Instruments to be administered. A number of possible parent satisfaction questionnaires are located in appendix C. These questionnaires have been developed and used by centers across the country. Select one that reflects the goals of your evaluation.

- Parents' Perceptions of the Medical Examination
- Parent Satisfaction With Mental Health Services—Five Questions
- Parent Satisfaction Regarding Prosecution
- Parent Satisfaction With Mental Health Services
- Parent Satisfaction With the Victim Advocate
- Parent Satisfaction—3-Month Followup
- Parent Status—3-Month Followup
- Parent Status—6-Month Followup

- Parent Status—1-Year Followup
- Parent Satisfaction Questionnaire
- Parent/Caregiver Survey
- Parent Survey
- Family Satisfaction With CAC Services
- Parent Satisfaction—Multiple Systems Form
- Parent Questionnaire—Initial Telephone Interview
- Parent Questionnaire—3-Month Followup Telephone Interview
- Parent Satisfaction With the Child Advocacy Center
- Parent Survey—11 Questions
- Evaluation of Services
- The Child Advocacy Center Parent Survey
- We'd Like to Hear From You
- Client Satisfaction Questionnaire (CSQ-18A)
- Client Satisfaction Questionnaire (CSQ-18B)
- Client Satisfaction Questionnaire (CSQ-8)

Administration of instruments. The person who administers the questionnaires to parents should not work directly with the parents.

When and how often to administer instruments. Depending on the purpose of the evaluation, this questionnaire may be administered one time or multiple times over a specified period of time. For example, if the CAC is interested in how parents' perceptions of the center change

over time, collect data from families every other month until the case is closed. Trends in satisfaction will emerge, and staff will stay connected with the family throughout the investigation.

Location for administering instruments. Initially, this information can be collected from families while they are at the center. However, all subsequent interviews may be conducted over the telephone (see "Followup Contact With Families" in chapter 7).

Potential problems with parent satisfaction evaluations

Parents do not return forms. When parents take instruments home to complete, the greatest obstacle is ensuring that they return the questionnaires to the center. The best solution is to have parents complete the form before they leave the center and to obtain followup contact information from families at that time.

Parents confuse the CAC with other agencies. CAC directors are concerned that client satisfaction surveys are not valid. For example, parents may confuse the services provided by the center with the services provided by the various agencies represented on the MDT. One solution to this problem is to focus the questionnaire on services provided by the CAC. Also, if families complete the questionnaire while at the CAC, the visit to the center will be central in their minds.

Clients do not supply honest responses. A good evaluation requires honest responses from participants. Directors are concerned that families are reluctant to say anything negative about the center, perhaps because of fear that their comments may affect their case or because they have not had enough experience with the center. Some directors have tried to rectify this problem by emphasizing to parents that both their positive and negative

comments are necessary and that both kinds of information help the center to improve the services provided to families.

Multidisciplinary Team Satisfaction Program Monitoring Evaluation

Purpose

An MDT satisfaction PME determines the team's satisfaction with the CAC's services. Many directors consider the agency as also being of service to the MDT, not just parents and children.

Participants

Participant eligibility. All members of the MDT are eligible to participate, except for CAC staff. Most centers' MDTs include the following members:

- Law enforcement personnel (police, detectives, sheriffs).
- Child protective service workers.
- Prosecution staff.
- Medical personnel.
- Mental health professionals.
- Victim advocates.

When to recruit participants. Begin recruiting the MDT during the planning stages of the evaluation. Be sure to have one or two MDT representatives on the evaluation team to facilitate the cooperation of the MDT as well as to provide feedback on the evaluation design. It is important to have each team member complete an agency satisfaction questionnaire. Therefore, give the team ample time to become familiar and comfortable with the evaluation.

Recruitment script. All MDT members should hear the same recruitment script. The following sample script may be adapted:

We think each team member is an essential component in what we do here. We want to ensure that we are meeting your needs, so we invite you to participate in our evaluation by filling out this questionnaire. If we find that we need to adjust our procedures, that is great. That is the kind of feedback we need from you. The questionnaire should take you about 15 minutes to complete. You will be able to complete the questionnaire here after case review, or you can take it with you and return it at the next case review meeting. The questionnaire will be anonymous. We are confident this evaluation will help us serve you better.

Where to recruit participants. The most convenient place to recruit the MDT is at case review, when all (or most) MDT members are together in one location. If your center does not engage in case review, then recruitment of the MDT may need to be done on an individual basis, perhaps when team members are visiting the CAC.

Administering instruments

Instruments to be administered. A number of MDT questionnaires are located in appendix C. These questionnaires have been developed and used by centers across the country.

- Multidisciplinary Team Questionnaire
- Multidisciplinary Team Survey
- Multidisciplinary Team (MDT) Member's Perceptions of the MDT

- Multidisciplinary Team Satisfaction
- Agency Satisfaction Survey
- State Multidisciplinary Team Evaluation
- Child Advocacy Center Agency Survey
- Multidisciplinary Team Questionnaire
- Child Advocacy Center Team Evaluation
- Child Advocacy Center Yearend Survey
- Mental Health Agency Satisfaction Survey
- Agency Satisfaction Questionnaire
- Agency Evaluation
- Survey of the Multidisciplinary Team Regarding Protocols
- Director and Staff Satisfaction Questionnaire

Administration of instruments. The person who administers and collects the questionnaires should be a neutral and trusted individual, preferably not an MDT member.

When and how often to administer instruments. How often the instrument is administered depends on the purpose of the evaluation. At a minimum, the questionnaire should be administered once a year to monitor the program. However, some centers may distribute it every 6 months to track progress during terms of rapid organizational change, while others may distribute it every 2 to 5 years to monitor the program.

Location and time for administering instruments. There are several options for administering the questionnaire. However, it is recommended that the MDT complete the survey at the close of a case review meeting. It may also be useful to provide an incentive—such as

lunch or home-baked cookies—to encourage the MDT to stay and complete the questionnaire.

The questionnaire can be administered either before case review begins or after it ends. In either case, all or most of the MDT are present, ensuring that the questionnaires are completed and returned. Some team members, however, may be uncomfortable completing the questionnaire in the presence of their colleagues.

The questionnaires might be given out at the close of case review (so it does not detract from case review) with the request that questionnaires be returned at the following case review. This way, team members can complete the form at their leisure and in the absence of team members. However, there may be some delay in receiving completed questionnaires.

CAC staff satisfaction. The MDT instruments do not have a separate section to measure staff satisfaction with the director. However, a Director and Staff Satisfaction Questionnaire is located after all the MDT satisfaction instruments (see appendix C).

Child Satisfaction Program Monitoring Evaluation

Purpose

Knowing that an agency is providing particular services to children is not enough. The children's satisfaction with those services is also important. Therefore, this part of the evaluation determines children's satisfaction with the services provided to them by the center.

Participants

Participant eligibility. A PME involving children is complex, partly because one must obtain the parent's consent prior

to inviting children to participate in the evaluation.

Centers are designed to benefit children. Invite children to participate in the evaluation who are under age 18, were referred to the center for a CSA investigation, and reside within the CAC's jurisdiction.

Recruitment script. Great care must be taken when inviting children of different ages to participate in an evaluation. Write a script, or several scripts, perhaps adapting the following sample so it is age appropriate for each child:

[Child's name], you've been working really hard here today and you've been doing a great job. There is one more thing I'd like to ask you to do. I'm trying to make sure that we are doing the best possible job here at the center for kids like you. To figure that out, I'd like to ask you some questions about your visit here. I just want to know how things were for you during your visit here—good or bad. This will take us just a few minutes. Would you be willing to help me out? It's entirely up to you.

When to recruit participants. First, parents must give consent for their children to participate in an evaluation. Therefore, parents should be asked about participation during the initial parent interview at the center. After they have given their permission, the children can be asked to participate. Wait to invite younger children to participate until it is time for them to complete the questionnaire (or answer oral questions). Older children can be told about the evaluation early in their visit and can give their formal assent just before completing the questionnaire. Always respect a child's right to refuse to participate, even if the parent gives consent.

Administering instruments

Instruments to be administered. A number of child satisfaction questionnaires are located in appendix C. These questionnaires have been developed and used by centers across the country. No single instrument is appropriate for all ages of children, making data analysis and interpretation more difficult.

- Child Satisfaction With the Prosecution
- Child Satisfaction With the Medical Examination
- Child Interview—Child Form
- Child Satisfaction With Child Advocacy Center Services
- Youth Satisfaction Questionnaire
- Child Questionnaire

Administration of instruments. The person administering the questionnaire should not work directly with the children. However, if possible, the person should be someone the child is familiar with to prevent the child from feeling anxious about interacting with another stranger. The questionnaire administrator could interact with the child in the playroom for a few minutes before administering the questionnaire.

When and how often to administer instruments. This information is collected only while the child is at the center. However, it might be interesting to obtain followup information to determine whether their perceptions of the CAC's services changed over time.

Location for administering instruments. Children should complete the questionnaires while at the center. Find a private, neutral location; the playroom may be distracting, and the child investigative interview room is inappropriate.

If at all possible, ask children questions in the absence of their parents.

Notes

1. Recruit only children who are referred to the center for a CSA investigation because these children are similar in some important ways (e.g., they have all alleged that sexual abuse has occurred), which increases the similarity of the sample and therefore

increases the statistical power. However, if recruiting all children referred to the center, note which type of abuse they have reported (e.g., physical, sexual, emotional, witnessing violence); the findings may be analyzed by these different categories of abuse.

2. Occasionally a center will have a referral from a police department outside its jurisdiction, perhaps because it is a particularly difficult case. Because there may be something unique about the case, it is advisable to exclude these individuals from the evaluation.